

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or
Inc. Town ofor
City of Abbeville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Anna Eugene Smith

(3) BOY OR
GIRL? Boy(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in case of twin or triplets

FATHER.

(6) FULL
NAME

John Smith

(7) PRESENT
POSTOFFICE
OF FATHER

Abbeville S.C.

(8) COLOR
OR
RACE

Colored

(II) AGE AT LAST
BIRTHDAY 22
(Years)

(9) BIRTHPLACE

Abbeville S.C.

(10) OCCUPATION

Housewife

(21) Number of children born to
mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:20 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Abbeville S.C.

Name added from a supplemen-
tal report

191...

Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept. 29, 1942. (28) Mrs. Julia M. Gallerie, Local Registrar* If there was no attending physician or midwife, then the father, householder, etc., should make this return. If
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.File No.—For State Registrar Only
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